Correspondence

Choice of drugs in the treatment of rheumatoid arthritis

Sir,

The Ministry of Health has drawn attention to errors in my figures of cost of different drugs (Supp. No. 3, Vol. 18 (No. 88) of the *Journal of the Royal College of General Practitioners*). In it I note that the Ministry's issued list of comparative costs of various drugs commonly prescribed for painful osteoarthritis is based on cost of 50 tablets or capsules, but not on an average days treatment. I reported that 300 mg of phenylbutazone cost 4½d. and of Butazolidin 5d.: 5 G. of aspirin—a full anti-inflammatory dose—cost 10d. to 1s., of soluble aspirin 1s. to 1s. 2d. The Ministry has pointed out that these figures are inaccurate as I have compared the N.H.S. cost of phenylbutazone (i.e. including chemists' fees) with the MIMS price for Butazolidin which excludes chemists' fees. They also point out that the November, 1969 MIMS price for Butazolidin was 35s. 2d. for 250, the comparable phenylbutazone price being 12s. 4d. I fear they are quite correct and I apologise for this error.

Mr J. A. Baker, Chief Pharmacist at Westminster Hospital, has done some rapid research for me and his findings are as follows:

COMPARISON OF DRUG TARIFF AND HOSPITAL PRICES OF ANTI-INFLAMMATORY DRUGS

Drug	*Daily Treatment*
Aspirin	16 × 300 mg.
Soluble aspirin	16 × 300 mg.
Phenylbutazone B.P.	3 × 100 mg.
Butazolidin	3 × 100 mg.

Drug	*Tariff Price/Day*	*Hospital Price/Day*
Aspirin	0.96d.	1.056d.
Soluble aspirin	3.03d.	1.296d.
Phenylbutazone B.P.	1.77d.	0.612d.
Butazolidin	5.04d.	Not bought.

Approx. cost at contract rates=4d.
Dispensing fee=2s. 3d. per item dispensed
On cost = 10½%
Container allowance = 1.91d. per item
Special allowance = 0.75d.

My reason for bringing up these figures is that a day's treatment is a more reasonable way of comparing drug costs than so many tablets or capsules. Low dosage, i.e. occasional analgesic, therapy with aspirin costs a quarter of the figure given above, but for full 'anti-rheumatic' or anti-inflammatory-cum-analgesic effect the higher dosage is necessary at the higher cost.

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Not to be resuscitated

Sir,

A consultant got pilloried for saying this of elderly patients. He was condemned by the Ministry of Health and also by his own colleagues. Yet very few people had the guts to stand up and say that in these cases the same thoughts were going on in their own minds at times.

I ask my medical colleagues what their reaction would be if I requested urgent admission for an 85-year-old patient who had senile dementia and who, by oral resuscitation and external cardiac massage I had managed to keep alive. Would I be hailed as a fine fellow who was doing a good job in attempting to save the lives of all his patients, or would I be thought of as a raving lunatic?

Surely a comparison with the Suicide Act can be made again. If it is not a crime to end your life by interfering with your own bodily functions then it is not a crime for a panel of medical men and lawyers combined to accede to a patient's request for euthanasia, when that patient is no longer able or capable of performing that which he intended to do when he reached such a state of mental and physical deterioration.

Everyone has heard hundreds of times patients, doctors, lawyers and the like, and even clergymen, when they have seen patients lying in bed like cabbages, not knowing whether they are dead or alive, saying "Please don't let that happen to me".

For those people who disagree with the views expressed here, I will say this: in the event of nuclear war not occurring, euthanasia will be commonplace within 20 years, as is cremation to-day, and the gynaecologist's rôle